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•		Substitute for Form PTO 275										il displays a valid OMB control numit			
				TO TO	Meta tor F diff P 10-875						10	oplication or Docket Number 0 1783 965			
	APPLICATION AS FILED - PART I (Column 1) (Column 2)													بركوت	
	. FOR	.]	NUMBER FILED		(Column 2)		<u> </u>	SMALL ENTI		Y	OR	OTHER THAN SMALL ENTITY		R THAN ENTITY	
	BASIC FEE (37 CFR 1.16(a), (t	o), or (c))	- SERVICED		NUMBER EXTRA		-	RATE (FEE (5)		·		E (\$)	FEE (\$)	
٠	SEARCH FEE (37 CFR 1.16(k). (i)	, or (m))												1	
	EXAMINATION ((37 CFR 1.16(0), (p	CC					\dashv							1	
	TOTAL CLAIMS (37 CFR 1.16(i))		min	us 20 =			\dashv	· ·							
-	INDEPENDENT ((37 CFR 1 16(h))	CLAIMS	minus 3 =				$\dashv \mid$	x .			OR	×	=		
.	APRILICATION	If th	e specifical	ion and de	drawings exceed 100		I	x	=		- 1	x	· =		
- 1	APPLICATION SI FEE (37 CFR 1 16(s))	is.\$	is \$250 (\$125 for small en			ilication size fee due								:	
T	MULTIPLE DEPE		3.5.C. 4 1(a)	(1)(G) and	37 CFR	1.16(s)	- -								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							·							
1	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			L	TOTA			
	APPLICATION AS AMENDED - PART II												Ļ		
AMENIOMENT	CLAIMS HIG				lumn 2) (Column 3)			SMALL ENTITY			PR	OTHER THAN SMALL ENTITY			
		AFTER AMENDME	NT .	PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL			RATE (-7-	ADDI-	
	(37 CFR 1,16(1)) Independent	3	Minus	20	=				FEE (\$)	\dashv	-		\bot	TIONAL FEE (\$)	
l u	(37 CFR 1.16(h))		Minus	3	=		-			OF	X		=		
A							`	=		→ OF	×		=	·	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							· ·		-	-				
1							L_TC	TAL ·		OR	Ŀ			·	
(Column 1)								D.FEE		OR		TAL D'L FEE	-1		
ω		CLAIMS	7	(Column HIGHES		ojnus 3)									
AMENDMENT	-	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	R PE	RESENT	R.	ATE (\$)	ADDI- TIONAL		R	ATE (\$)		ADDI-	
	Total (37 CFR 1 IGGI)		Minus		`		-		FEE (1)	-			J F	IONAL EE (\$)	
	Independent (27 CFP) 16jun		Minus				×			OR	×	=	1		
	Application Size Fee (37 CFR 1 16(s))						X	=		OR	X	=	7		
	PIPST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 160))]					
				(),	COP. 1 16(<u> </u>	L			OR					
	If the entry in colo	IONO 1 is loss "	11				TOTA ADD	L FEE		OP.	1014	L FEE	1		
•••	If the entry in colu	mber Previous!	m me enloy ir r Paid For III	Column 2. v	vrile "O" in	column 3.		L			. 50	cree		<u>. </u>	

If the entry in column 1 is less than the entry in column 2, write 'Q' in column 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previously Paid For' (IN THIS SPACE is less than 3, enter '30'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.